

Procedure Description	Procedure Codes	Limits*	Non-Facility Fee
Activity Prescription (APF) Form - <i>** If restricted work or not released to work, file with the Report of Accident (ROA)</i>	1073M	AP only, per insurer or request by Vocational Rehab Counselor (VRC)	\$50.82
Chiropractic care (Level 1 – 3)	2050A – 2052A	One per day	\$42.57 – \$66.43
Consultation including report	99241 – 99245	MD, DO, DC, ARNP	\$81.43 – \$376.08
Electronic communication (Physician)	99444	Physician only	\$45.69
Electronic communication (Non-physician)	98969	Non-physician	\$45.69
Final Report by AP	1026M	AP only	\$25.83
Impairment Rating by AP	1191M – 1192M	AP only, per insurer request	\$510.02–\$637.50
Independent Medical Exam (IME), Review of written report	1063M	AP only, per insurer request	\$39.10
Independent Medical Exam - written report by AP, after reviewing an IME	1065M	AP only, per insurer request	\$29.32
Job offer or analysis: first one reviewed	1038M	AP / psych service provider, on request	\$50.82
Job offer or analysis: each additional review	1028M	AP / psych service provider, per review	\$38.13
Loss of Earning Power	1027M	AP only, per insurer request	\$19.56
Occupational Disease History Report, Review of	1055M	AP / Prescriber only, per insurer request	\$189.68
Opioids: Chronic opioid request form	1078M	AP only	\$31.27
Opioids: Subacute opioid request form with documentation	1077M	AP / Prescriber only	\$58.66
Opioids: Subacute opioid request form without documentation	1076M	AP / Prescriber only	\$31.27
Physical medicine procedures by non-physical medicine AP	1044M	6 units per claim	\$44.49
Reopening Application	1041M	AP only	\$50.82
Report of Accident (ROA) or the Provider's Initial Report (PIR) (<i>payment scale based on date received following the date of first treatment</i>)	1040M	AP only – When submitted within 5 business days – Within 6-8 business days – If received 9 or more business days	\$39.10 \$29.10 \$19.10
Return to Work request by VRC/Employer, AP's response to	1074M	AP / psych service provider – one per day	\$31.27
60 day report (must be in SOAPER format)	99080	AP / psych service provider – 1 per 60 days	\$44.96
Special Report	99080	AP only, per insurer/VRC request – 1 per day	\$44.96
Team conference, patient present	Approp. Level E&M	Physician only	Varies by code
Team conference, patient not present	99367	Physician only	\$153.48
Team conference, patient present	99366	Non-physician	\$71.47
Team conference, patient not present	99368	Non-physician	\$61.51
Telephone calls with employer, claim manager, other providers, or VRC	99441 – 99443	Physician only	\$23.43 – \$66.78
Telephone calls with employer, claim manager, other providers, or VRC	98966 – 98968	Non-physician	\$23.43 – \$66.78

* Limits

AP only: Attending providers – a person licensed to independently practice as one or more of the following provider types: MD, DO, ND, DC, DM, PA-C and ARNP's. (PA-C and PA-C providers are paid at a maximum of 90% of the allowed fee.)

Non-physician: ARNP, PA-C, PhD, PT, and OT must bill using non-physician codes.

Note: Beyond the initial visit to file the Report of Accident, only network providers can treat injured workers. Learn more at www.ProviderNetwork.Lni.wa.gov

Working with L&I

www.Providers.Lni.wa.gov

Resources for treating patients and getting paid

- Become a Provider/Update your account
- Treating Patients
- Billing and Payment
- Workshops and Training (free CMEs offered)

Provider Tools

- Claim and Account Center (CAC)
- Drug Lookup
- Explanation of Benefits Lookup (EOB)
- Quick Fee Lookup
- Find a Doctor (if you need to refer patients)
- Transfer of Care (online)
- Authorizations
 - ➔ **Tip 1** — Start with our **Quick Fee Lookup** to determine if the procedure requires prior authorization and who to contact.
 - ➔ **Tip 2** — If you need authorization by a claim manager, use the **Preauthorization Request for Services form**: it creates a high-priority work item for the claim manager. (For L&I/State fund claims only.)

Helping Workers Get Back to Work *(under Treating Patients)*

- Activity Prescription Form (APF)
- Attending Doctor's Return-to-Work Desk Reference (How to complete the APF Form)
- Stay at Work Program

Billing Self-Insured Employers *(under Billing and Payment)*

- Have a billing dispute with a self-insured employer? Learn how to take action.
 - Need proof of your network status? Check the Provider Network Status Report (PNSR).
 - Need to know where to mail your self-insured bill? Our list of Self-Insured Employers includes contact information for their administrators.
 - Want to know more about how self-insured employers authorize care? Review the laws and rules.
- ➔ **Tip 3** — By rule, self-insurers must follow the same rules and fee schedules as L&I (WAC 296-15-330).

Questions about self-insured employers' coverage? Call 360-902-6901 or fax 360-902-6900.